



California State Athletic Commission

2005 Evergreen Street, Suite 2010
 Sacramento, CA 95815
www.dca.ca.gov/csac/
 (916) 263-2195 FAX (916) 263-2197



REQUEST FOR APPEAL

This request is to be forwarded to the Commission office and the
 Office of the Attorney General at 300 South Spring Street, Suite 5212, Los Angeles, California 90013

Appellant Name: _____

Appellant Address: _____

Appellant Telephone Number: _____

Appellant E-mail Address: _____

Type of License Appellant holds: _____

Is Appellant represented by an Attorney? ____ Yes ____ No If Yes, please provide he or she's contact information.

Attorney Name: _____

Attorney Address: _____

Attorney Telephone Number: _____

Attorney E-mail Address: _____

Will you require the services of an interpreter? ____ Yes ____ No If Yes, please state what language: _____

STATEMENT

Provide a detailed statement showing grounds for reduction or dismissal
 of the fine or suspension, as applicable. Use additional sheets if necessary.

 Appellant Signature

 Date of Request

FOR COMMISSION USE ONLY

Date received: _____ Received by: _____